

## **M+C Deeming Glossary**

### **Accreditation**

An evaluative process in which a healthcare organization undergoes an examination of its policies, procedures and performance by an external organization ("accrediting body") to ensure that it is meeting predetermined criteria. It usually involves both on- and off-site surveys.

### **Fully Accredited**

Designation that all the elements within all the accreditation standards for which the accreditation organization has been approved by HCFA have been surveyed and fully met or have otherwise been determined to be acceptable without significant adverse findings, recommendations, required actions or corrective actions.

### **Accreditation Cycle for M+C Deeming**

The duration of HCFA's recognition of the validity of an accrediting organization's determination that a Medicare + Choice organization (M+CO) is "fully accredited."

### **Licensed by the State as a Risk-Bearing Entity**

An entity that is licensed or otherwise authorized by the State to assume risk for offering health insurance or health benefits coverage. The entity is authorized to accept prepaid capitation for providing, arranging, or paying for comprehensive health services under an M+C contract.

### **Deemed Status**

Designation that an M+C organization has been reviewed and determined "fully accredited" by a HCFA-approved accrediting organization for those standards within the deeming categories that the accrediting organization has the authority to deem.

### **Deeming Authority**

The authority granted by HCFA to accrediting organizations to determine, on HCFA's behalf, whether a M+CO evaluated by the accrediting organization is in compliance with corresponding Medicare regulations.

### **Equivalency Review**

The process HCFA employs to compare an accreditation organization's standards, processes and enforcement activities to the comparable HCFA requirements, processes and enforcement activities.

### **M+C Organization**

A public or private entity organized and licensed by a State as a risk-bearing entity (with the exception of provider sponsored organization receiving waivers) that is certified by HCFA as meeting the M+C contract requirements. See 42 C.F.R. § 422.2.

**M+C Plan**

Health benefits coverage offered under a policy or contract offered by a Medicare+Choice Organization under which a specific set of health benefits are offered at a uniform premium and uniform level of cost-sharing to all Medicare beneficiaries residing in the service area of the M+C plan. See 42 C.F.R. § 422.2. An M+C plan may be a coordinated care plan (with or without point of service options), a combination of an M+C medical savings account (MSA) plan and a contribution into an M+C MSA established in accordance with 42 CFR part 422.262, or an M+C private fee-for-service plan. See 42 C.F.R. § 422.4(a).

**Coordinated care plan**

A plan that includes a HCFA-approved network of providers that are under contract or arrangement with the M+C organization to deliver the benefit package approved by HCFA. Coordinated care plans include plans offered by health maintenance organizations (HMOs), provider-sponsored organizations (PSOs), preferred provider organizations (PPOs), as well as other types of network plans (except network MSA plans. See 42 C.F.R. § 422.4(a)(1).

**Preferred Provider Organization (PPO)**

An M+CO coordinated care plan that: (a) has a network of providers that have agreed to a contractually specified reimbursement for covered benefits with the organization offering the plan; (b) provides for reimbursement for all covered benefits regardless of whether the benefits are provided with the network of providers; and (c) is offered by an organization that is not licensed or organized under State law as an HMO. See Social Security Act Section 1852(e)(2)(D), 42 U.S.C. §139w-22(e)(2)(D).

**Physician Incentive Plan (PIP)**

Any compensation arrangement to pay a physician or physician group that may directly or indirectly have the effect of reducing or limiting the services provided to a plan's enrollees. See 42 C.F.R. § 422.208(a).